



Organization _____

Contact Name _____

Phone _____

Email _____

Primary GPO _____

Tax Exempt (Y/N) _____ (Email tax exempt certificate with order form)

Bill-to:

Address _____

City/State/Zip _____

Ship-to:

Address _____

City/State/Zip _____

Item	Description	Quantity	Unit Price	Amount
XXXXXXX	Disposable surgical gown *75 gowns per box	/box	\$333.75	
XXXXXXX	Shipping & Handling (see chart below)			

Shipping & Handling		
Selection	Method	Per box
	Ground (5-7 days)	\$6.95
	2-day	\$19.95
	Next Day Air	\$28.95

Return completed form to: kthoen@valuefirstonline.com